

**NOTICE OF ACTION-Department of Mental Health  
HWLA Eligibility Denial**

[Date]

[Member's Name]

[Address]

[City, State Zip]

[IS Number]

[Provider Name]

Dear [Applicant's Name]:

Thank you for applying for the Healthy Way LA (HWLA) Program.

Your HWLA application dated \_\_\_\_\_ was carefully reviewed and found to not be eligible for the HWLA program due to one of the following reasons:

- 1. You do not reside in Los Angeles County.
- 2. You are not 19 to 64 years old
- 3. You are pregnant
- 4. You are not a United States Citizen/National or Legal Permanent Resident for 5 or more years
- 5. You are eligible for Medi-Cal or Healthy Families
- 6. Your income is more than 133% of the Federal Poverty Level
- 7. You are unable to provide required information; therefore, we were unable to process your application due to missing information
- 8. You did not help us in our efforts to get information required for the HWLA application process, so we were unable to process your application
- 9. Other: Specify reason: \_\_\_\_\_

***This denial letter will become effective 10 days from the date of this notice of action.***

If your denial was for reasons in 7, 8, or 9 above, you may be able to void this denial by contacting the person named at the end of this denial letter.

If your denial was for the reasons in 2, 3, 4, 5 or 6 above you may be eligible for other benefits. See a financial screener at your Department of Mental Health Program to help with benefits establishment.

**NOTE: If you cannot read or understand this letter, call DMH Patients' Rights at (213) 738-4949. If you have trouble hearing or speaking, use TTY/TDD at (800) 735-2929.**

As a Healthy Way LA (HWLA) applicant, you have the following appeals rights:

1. You have the right to appeal this decision. That means that if you do not agree, you can have us review the decision to see if it is correct. If you want to appeal this decision, you must ask for the appeal within 60 days of the date of this Notice of Action letter. It can take up to 45 days for Healthy Way LA to decide your appeal.

To ask for an appeal, call DMH Patients' Rights at (213) 738-4949. If you have problems hearing or speaking, call TTY/TDD at (800) 735-2929. We will help you with your appeal. You can also ask for your appeal by writing or sending a fax to:

**DMH Patients' Rights  
550 S. Vermont Ave.  
Los Angeles, CA 90020  
Fax: (213) 365-2481**

2. You have the right to speak for yourself during the appeal or to choose another person to act for you. That person may be a relative, friend, advocate, doctor, lawyer, or someone else.
3. You may send written comments, documents, records, and other information about your appeal. You may also ask for a hearing where you can give the reasons why you do not agree and examine and cross examine witnesses.
4. Before and during the appeal process, you will be able to look at your case file. The case file includes our notes on your membership renewal, supporting papers or other information related to your appeal.
5. If, after we make our decision, you are still unhappy, you may ask for a State Fair Hearing. You may ask for a State Fair Hearing after you have finished the HWLA appeal process and have received a decision letter.

If you have questions, concerns, want to give information about your appeal, or want to ask for a meeting with the person deciding your appeal, call DMH Patients' Rights at (213) 738-4949, or use TTY/TDD at (800) 735-2929.

Sincerely,

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*[Name of Reviewer]*

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*[Telephone Number]*

Nancy Butram  
Revenue Management Division

c: DMH Patients' Rights

## NOTICE OF ACTION About Your Mental Health Treatment Request Denial

[Date]

[Member's Name]  
[Address]  
[City, State Zip]

[Treating Provider's Name]  
[Address]  
[City, State Zip]  
[Name of Medical Home]

HWLA Member Identification Number: [insert number]

RE: [insert type of service requested]

[Insert name of requesting provider or medical home] has decided, after reviewing the results of an assessment of your mental health condition that your mental health condition does not meet the medical necessity criteria to be eligible for HWLA specialty mental health services because:

- Your mental health diagnosis as identified by the assessment is not covered.
- Your mental health condition does not cause problems for you in your daily life that are serious enough to make you eligible for specialty mental health services.
- The specialty mental health services available are not likely to help you maintain or improve your mental health condition.
- Your mental health condition would be responsive to treatment by a physical health care provider.

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As a DMH Healthy Way LA (HWLA) member, you have the following appeal rights:

1. You have the right to appeal this decision. That means that if you do not agree, you can have us review the decision. If you want to appeal this decision, you must ask for the appeal within 60 days of the date of this Notice of Action letter. It can take up to 45 days for DMH Patients' Rights to decide your appeal.

If you think that waiting this long could put your life or health at serious risk ask for an expedited appeal. DMH Patients' Rights will decide an expedited appeal within 3 working days.

To ask for a regular or expedited appeal, call DMH Patients' Rights at (213) 738-4949. If you have problems hearing or speaking, call TTY/TDD at (800) 735-2929. We will help you with your appeal. You can also request your appeal by writing or sending a fax to:

**DMH Patients' Rights  
550 S. Vermont Ave.  
Los Angeles, CA 90020  
Fax: (213) 365-2481**

2. You have the right to speak for yourself during the appeal or choose another person to act for you. That person may be a relative, friend, advocate, doctor, lawyer or someone else.
3. You may send written comments, documents, records and other information about your appeal. You may also that a hearing be held in person or by telephone.
4. Except in some limited cases you will be able to review your case file before and during the appeal process.
5. If, after we make our decision, you are still not satisfied, you may ask for a State Fair Hearing. You may ask for a State Fair Hearing only after you have finished the HWLA appeal process and have received a decision letter.

**If you have questions, concerns, want to give information about your appeal, or want to ask for a hearing in person or on the telephone with the person deciding your appeal, call DMH Patients' Rights at (213) 738-4949, or TTY/TDD at (800) 735-2929.**

This notice does not affect any other HWLA services.

Sincerely,

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*(Name of Provider of Services or CAU Reviewer)*

c: DMH Patients' Rights

**NOTICE OF ACTION  
About Your Mental Health Treatment Request  
Terminate/Suspend/Reduce**

*[Date]*

*[Member's Name]  
[Address]  
[City, State Zip]*

*[Treating Provider's Name]  
[Address]  
[City, State Zip]  
[Name of Provider/Clinic/CAU]*

HWLA Member Identification Number: *[insert number]*  
DMH IS Number: *[insert number]*

**RE:** *[insert type of service terminated, suspended or reduced]*

We have previously approved *(insert type of service that was approved)*.  
However, we can no longer approve this treatment because *(insert a clear and concise explanation of the reasons for the decision; the program requirements that support the action; a description of the criteria or guidelines used)*.

Approval for your treatment will end on *(insert advance date to be at least 12 calendar days from date of letter)*

**NOTE:** If you cannot read or understand this letter, call the Department of Mental Health Patients' Rights at (213) 738-4949. If you have trouble hearing or speaking, use TTY/TDD at (800) 735-2929.

As a DMH Healthy Way LA (HWLA) member, you have the following appeal rights:

1. You have the right to appeal this decision. That means that if you do not agree, you can have us review the decision. If you want to appeal this decision, you must ask for the appeal within **60 days** of the date of this Notice of Action letter. It can take up to 45 days for DMH Patients' Rights Office to decide your appeal.

If you think that waiting this long could put your life or health at serious risk ask for an expedited appeal. DMH Patients' Rights will decide an expedited appeal within 3 working days.

If you want to continue this treatment while waiting for a decision on your appeal, you must ask for the appeal within 10 days from the date of this letter.

Your services will continue if:

- 1) You ask for your appeal within 10 days of the date of this letter;
- 2) The services were ordered by a mental health provider.
- 3) The original period of approved services has not ended; and
- 4) You ask to continue the treatment while the appeal is pending.

**If you lose the appeal you may have to pay for the cost of the services that you received while the appeal was pending.**

To ask for a regular or expedited appeal, call DMH Patients' Rights at (213) 738-4949. If you have problems hearing or speaking, call TTY/TDD at (800) 735-2929. We will help you with your appeal. You can also request for your appeal by writing or sending a fax to:

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3. You may send written comments, documents, records and other information about your appeal. You may also ask that a hearing be held in person or by telephone.
4. Except in some limited cases you will be able to review your case file before and during the appeal process.
5. If, after we make our decision, you are still not satisfied, you may ask for a State Fair Hearing. You may ask for a State Fair Hearing only after you have finished the HWLA appeal process and have received a decision letter.

**If you have questions, concerns, want to give information about your appeal, or want to ask for a hearing in person or on the telephone with the person deciding your appeal, call the DMH Patients' Rights at (213) 738-4949, or use TTY/TDD at (800) 735-2929.**

This notice does not affect any other HWLA services.

Sincerely,

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*(Name of Provider of Services or CAU Reviewer)*

c: DMH Patients' Rights